



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTHCARE – MUNSTER

City of Hospital: Munster

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Akeisha King

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Medicare Provider Number: 15-0165

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$147849599
Outpatient Patient Service Revenue	\$372689432
Total Gross Patient Service Revenue	\$520539031

2. Deductions From Revenue

Contractual Allowance	\$383156596
Other Deductions	\$8081057
Total Deductions	\$391237653

3. Total Operating Revenue

Net Patient Service Revenue	\$129301378
Other Operating Revenue	\$4820390
Total Operating Revenue	\$134121768

4. Operating Expenses

Salaries and Wages	\$46586578	Employee Benefits	\$10665943
Depreciation and Amortization	\$11398074	Interest Expense	\$5224688
Bad Debt	\$1505591	Other Expenses	\$46003899
Total Operating Expenses	\$121384773		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$12736993	Total Assets	\$222339121
Net Non-operating Gains over Loss	\$-6193	Total Liabilities	\$29118422

Total Net Gains	\$12730800
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$251699245	\$208952490	\$42746755
Medicaid	\$70371304	\$56455713	\$13915591
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$198468483	\$117748393	\$80720090
Total	\$520539032	\$383156596	\$137382436

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$81	\$-81

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$604	\$-604

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$93315	\$-93315
Community Education	\$0	\$54957934	\$-54957934

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	2837
Number of Citizens Exposed to Health Education Messages	145175

Statement Six: Charity Statement

Hospital Charity Charges	\$8081057
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3817561	
HCI Payments	\$0		
Subtotal	\$0	\$3817561	\$-3817561
Medicaid Shortfalls	\$13057819	\$14544293	
Subtotal	\$13057819	\$18361854	\$-5304035
DSH Payments	\$0		
Subtotal	\$13057819	\$18361854	\$-5304035
Medicare Shortfalls	\$6439378	\$7791819	
Other Government Programs	\$0	\$0	
Total	\$19497197	\$26153673	\$-6656476

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$85297851	\$176821955	\$-91524104
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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